



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

July 23, 2007

Verlon Johnson, Associate Regional Administrator
Division of Medicaid and Children's Health
Centers for Medicare and Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

Dear Ms. Johnson:

After much consideration, the Michigan Department of Community Health (MDCH), Medical Services Administration (MSA) has determined not to pursue our State Plan Amendment (SPA) TN 06-23 which proposed to update the income standard for certain groups of poverty-level children.

In light of this, please accept this letter as our formal request to withdraw Michigan State Plan Amendment request 06-23.

Although we are not pursuing approval of this SPA, please pass along our gratitude to the Centers for Medicare and Medicaid Service's staff who assisted us in this endeavor.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact Nancy Bishop, of my staff, at 517/335-5303.

Sincerely,

A handwritten signature in black ink that reads 'Paul Reinhart'.

Paul Reinhart, Director
Medical Services Administration

Enclosures

CC: Cynthia Garraway
Carolyn Brown
Julie Greenway

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: <u>06 - 23</u>	2. STATE: Michigan
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2006	

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR Subpart G

7. FEDERAL BUDGET IMPACT:
a. FFY 07 _____ \$ (650,000) _____
b. FFY 08 _____ \$ (650,000) _____


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 1 to Attachment 2.6-A, page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement 1 to Attachment 2.6-A, page 2

10. SUBJECT OF AMENDMENT:
Update FPL eligibility percentages

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Paul Reinhart, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME:
Paul Reinhart

14. TITLE:
Director, Medical Services Administration

15. DATE SUBMITTED:

16. RETURN TO:
Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPE NAME:	22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Income Eligibility Levels

A. Mandatory Categorically Needy (continued)

3. For children under Section 1902(a)(10)(i)(VI) of the act (children who have attained age 1 but have not attained age 6), the income eligibility level is ~~133~~ 150 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is ~~100~~ 150 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN NO.: 06-23

Approval Date: _____

Effective Date: 10/01/2006

Supersedes
TN No.: 92-14